

LANCELOT A GAMBIS
6864 YELLSTONE BLVD
APT A10
FOREST HILLS, NY 11375-0000

EPP Print

FEDERAL BUREAU OF INVESTIGATION										11375 - 0000		FORM AD-334 USDA (REV. 10/97)	
SOCIAL SECURITY NO.		PAY PERIOD DATE MO DA YR MO DA YR 02/22/2015 03/07/2015		P/P 04	T&A CONTACT POINT AV-11-0010-01-01		ACCT. STAT. 0010	ORGANIZATIONAL STRUCTURE AV-02-37-3540	PERSNL OFFICE 4017	PAY PLAN GS	GR. 13		
SALARY 106,661.00		RATE PA	TYPE EMPL. F/T	SCD FOR LEAVE 11/17/2002	RET. DEDUCTIONS THIS APPOINTMENT 6,435.93		STATEMENT OF EARNINGS AND LEAVE						
EARNINGS AND DEDUCTIONS													
CODE		ITEM DESCRIPTION			HOURS P/P YR. TO DATE		AMOUNT P/P YR. TO DATE						
01		REGULAR TIME			73.50	251.00	3756.58	12812.28					
61		ANNUAL LEAVE			.50	68.50	25.56	3501.04					
62		SICK LEAVE			2.00	108.50	102.22	5492.40					
66		OTHER LEAVE			4.00	52.00	204.44	2645.48					
** **		**** PAY PERIOD HOURS & GROSS PAY ****			80.00		4088.80	24451.20					
75 02		RETIREMENT					32.71	195.60					
75 15		TSP-FERS					50.00	300.00					
		*AMT BASED ON FIXED AMT											
76		SOCIAL SECURITY (OASDI)					233.66	1398.40					
77		FEDERAL TAX EXEMPTS M02					446.50	2664.68					
		EXTRA FEDERAL TAX					65.00	390.00					
78		ST TAX NY EXEMPTS S00					210.03	1256.38					
		EXTRA STATE TAX					25.00	150.00					
79		CITY TAX EXEMPTS M00					128.79	770.44					
81		FEGLI- COVERAGE \$ \$109,000					16.35	97.80					
81 09		LIFE INS-COVERAGE\$					27.95	167.70					
83		FEHBA - ENROLL CODE 805					164.74	968.86					
83 10		DENTAL PLAN					47.68	281.36					
87		UNION/ASSOCIATION DUES 19 0001					1.50	9.00					
88		CHKING/SAVING4940749223					320.00	1920.00					
88 40		TSP LOAN REPAY (FED)					45.52	273.12					
88 40		TSP LOAN REPAY (FED)					55.88	335.28					
93 10		FSA-DEPENDENT CARE					76.92	461.52					
93 11		FSA - HEALTH CARE					30.76	184.56					
97		MEDICARE TAX WITHHELD					54.65	327.06					
** **		***** TOTAL DEDUCTIONS *****					2033.64	12151.76					
** **		***** NET PAY *****					2055.16	12299.44					
** **		DD/EFT ROUTING NO. 021000089											
BOND ACCOUNT													
						YEAR TO DATE LEAVE STATUS					PT. HRS UNAPP		MAX. C/O
AUTH NO	DENOM- INATION	DEDUC- TION	BALANCE AVAIL.	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE			
						ANN	24	68.50	96.50				
						SICK	16	4.50	31				
						COMP							
												LEAVE CATEG	
												6	
REMARKS													

NAME AND ADDRESS

Official Pay Date

03/19/2015

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FEDERAL BUREAU OF INVESTIGATION										11375 - 0000		FORM AD-334 USDA (REV. 10/97)
SOCIAL SECURITY NO.		PAY PERIOD DATE MO DA YR MO DA YR		P/P	T&A CONTACT POINT	ACCT. STAT.	ORGANIZATIONAL STRUCTURE	PERSNL OFFICE	PAY PLAN	GR.	STEP	
		01/25/2015 02/07/2015		02	AV-11-0010-01-01	0010	AV-02-37-3540	4017	GS	13	05	
SALARY	RATE	TYPE EMPL.	SCD FOR LEAVE	RET. DEDUCTIONS THIS APPOINTMENT		STATEMENT OF EARNINGS AND LEAVE						
106,661.00	PA	F/T	11/17/2002	6,370.51								
EARNINGS AND DEDUCTIONS												
CODE	ITEM DESCRIPTION	HOURS		AMOUNT								
		P/P	YR. TO DATE	P/P	YR TO DATE							
01	REGULAR TIME	69.50	105.50	3552.14	5375.78							
61	ANNUAL LEAVE		68.00		3475.48							
62	SICK LEAVE	2.50	106.50	127.78	5390.18							
66	OTHER LEAVE	8.00	40.00	408.88	2032.16							
** **	**** PAY PERIOD HOURS & GROSS PAY ****	80.00		4088.80	16273.60							
75 02	RETIREMENT			32.71	130.18							
75 15	TSP-FERS			50.00	200.00							
	*AMT BASED ON FIXED AMT											
76	SOCIAL SECURITY (OASDI)			233.66	931.08							
77	FEDERAL TAX EXEMPTS M02			446.50	1771.68							
	EXTRA FEDERAL TAX			65.00	260.00							
78	ST TAX NY EXEMPTS S00			210.03	836.32							
	EXTRA STATE TAX			25.00	100.00							
79	CITY TAX EXEMPTS M00			128.79	512.86							
81	FEGLI- COVERAGE \$ \$109,000			16.35	65.10							
81 09	LIFE INS-COVERAGE\$			27.95	111.80							
83	FEHBA - ENROLL CODE 805			164.74	639.38							
83 10	DENTAL PLAN			47.68	186.00							
87	UNION/ASSOCIATION DUES 19 0001			1.50	6.00							
88	CHKING/SAVING4940749223			320.00	1280.00							
88 40	TSP LOAN REPAY (FED)			45.52	182.08							
88 40	TSP LOAN REPAY (FED)			55.88	223.52							
93 10	FSA-DEPENDENT CARE			76.92	307.68							
93 11	FSA - HEALTH CARE			30.76	123.04							
97	MEDICARE TAX WITHHELD			54.65	217.76							
** **	***** TOTAL DEDUCTIONS *****			2033.64	8084.48							
** **	***** NET PAY *****			2055.16	8189.12							
** **	DD/EFT ROUTING NO. 021000089											
BOND ACCOUNT						YEAR TO DATE LEAVE STATUS						
AUTH NO	DENOMINATION	DEDUC-TION	BALANCE AVAIL.	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE	PT. HRS UNAPP	MAX. C/O
						ANN	12	68.00	85.00			240.00
						SICK	8	2.50	25			LEAVE CATEG
						COMP						6
						REMARKS						

NAME AND ADDRESS

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FEDERAL BUREAU OF INVESTIGATION										11375 - 0000		FORM AD-334 USDA (REV. 10/97)
SOCIAL SECURITY NO.		PAY PERIOD DATE MO DA YR MO DA YR		P/P	T&A CONTACT POINT	ACCT. STAT.	ORGANIZATIONAL STRUCTURE	PERSNL OFFICE	PAY PLAN	GR.	STEP	
		01/11/2015 01/24/2015		01	AV-11-0010-01-01	0010	AV-02-37-3540	4017	GS	13	05	
SALARY	RATE	TYPE EMPL.	SCD FOR LEAVE	RET. DEDUCTIONS THIS APPOINTMENT		STATEMENT OF EARNINGS AND LEAVE						
106,661.00	PA	F/T	11/17/2002	6,337.80								

EARNINGS AND DEDUCTIONS							
CODE	ITEM DESCRIPTION	HOURS		AMOUNT			
		P/P	YR. TO DATE	P/P	YR. TO DATE		
01	REGULAR TIME	4.00	36.00	204.44	1823.64		
61	ANNUAL LEAVE	68.00	68.00	3475.48	3475.48		
62	SICK LEAVE		104.00		5262.40		
66	OTHER LEAVE	8.00	32.00	408.88	1623.28		
** **	**** PAY PERIOD HOURS & GROSS PAY ****	80.00		4088.80	12184.80		
75 02	RETIREMENT			32.71	97.47		
75 15	TSP-FERS			50.00	150.00		
	*AMT BASED ON FIXED AMT						
76	SOCIAL SECURITY (OASDI)			233.66	697.42		
77	FEDERAL TAX EXEMPTS M02			446.50	1325.18		
	EXTRA FEDERAL TAX			65.00	195.00		
78	ST TAX NY EXEMPTS S00			210.03	626.29		
	EXTRA STATE TAX			25.00	75.00		
79	CITY TAX EXEMPTS M00			128.79	384.07		
81	FEGLI- COVERAGE \$ \$109,000			16.35	48.75		
81 09	LIFE INS-COVERAGE\$			27.95	83.85		
83	FEHBA - ENROLL CODE 805			164.74	474.64		
83 10	DENTAL PLAN			47.68	138.32		
87	UNION/ASSOCIATION DUES 19 0001			1.50	4.50		
88	CHKING/SAVING4940749223			320.00	960.00		
88 40	TSP LOAN REPAY (FED)			45.52	136.56		
88 40	TSP LOAN REPAY (FED)			55.88	167.64		
93 10	FSA-DEPENDENT CARE			76.92	230.76		
93 11	FSA - HEALTH CARE			30.76	92.28		
97	MEDICARE TAX WITHHELD			54.65	163.11		
** **	***** TOTAL DEDUCTIONS *****			2033.64	6050.84		
** **	***** NET PAY *****			2055.16	6133.96		
** **	DD/EFT ROUTING NO. 021000089						

BOND ACCOUNT						YEAR TO DATE LEAVE STATUS					PT. HRS UNAPP	MAX. C/O
AUTH NO	DENOMINATION	DEDUCTION	BALANCE AVAIL.	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE		
						ANN	6	68.00	79.00			
						SICK	4		23.50			
						COMP						
SAL CHNG-\$105606.00PA TO\$106661.00												
REMARKS												

NAME AND ADDRESS	
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SOCIAL SECURITY NO.		PAY PERIOD DATE MO DA YR MO DA YR		P/P	T&A CONTACT POINT		ACCT. STAT.	ORGANIZATIONAL STRUCTURE	PERSNL OFFICE	PAY PLAN	GR.	STEP	
		12/28/2014 01/10/2015		26	AV-11-0010-01-01		0010	AV-02-37-3540	4017	GS	13	05	
SALARY		RATE	TYPE EMPL.	SCD FOR LEAVE	RET. DEDUCTIONS THIS APPOINTMENT		STATEMENT OF EARNINGS AND LEAVE						
105,606.00		PA	F/T	11/17/2002	6,305.09								

EARNINGS AND DEDUCTIONS							
ITEM		HOURS		AMOUNT			
CODE	DESCRIPTION	P/P	YR. TO DATE	P/P	YR TO DATE		
01	REGULAR TIME		32.00				1619.20
62	SICK LEAVE	72.00	104.00		3643.20		5262.40
66	OTHER LEAVE	8.00	24.00		404.80		1214.40
** **	**** PAY PERIOD HOURS & GROSS PAY ****	80.00			4048.00		8096.00
75 02	RETIREMENT				32.38		64.76
75 15	TSP-FERS				50.00		100.00
	*AMT BASED ON FIXED AMT						
	SOCIAL SECURITY (OASDI)						
76	FEDERAL TAX EXEMPTS M02				231.88		463.76
77	EXTRA FEDERAL TAX				439.34		878.68
	ST TAX NY EXEMPTS S00				65.00		130.00
78	EXTRA STATE TAX				208.13		416.26
	CITY TAX EXEMPTS M00				25.00		50.00
79	FEGLI- COVERAGE \$ \$108,000				127.64		255.28
81	LIFE INS-COVERAGE\$				16.20		32.40
81 09	FEHBA - ENROLL CODE 805				27.95		55.90
83	DENTAL PLAN				154.95		309.90
83 10	UNION/ASSOCIATION DUES 19 0001				45.32		90.64
87	CHKING/SAVING4940749223				1.50		3.00
88	TSP LOAN REPAY (FED)				320.00		640.00
88 40	TSP LOAN REPAY (FED)				45.52		91.04
88 40	FSA-DEPENDENT CARE				55.88		111.76
93 10	FSA - HEALTH CARE				76.92		153.84
93 11	MEDICARE TAX WITHHELD				30.76		61.52
97					54.23		108.46
** **	***** TOTAL DEDUCTIONS *****				2008.60		4017.20
** **	***** NET PAY *****				2039.40		4078.80
** **	DD/EFT ROUTING NO. 021000089						

BOND ACCOUNT						YEAR TO DATE LEAVE STATUS					PT. HRS UNAPP	MAX. C/O
AUTH NO	DENOM- INATION	DEDUC- TION	BALANCE AVAIL.	NO. ISSUED	ISSUE DATE	TYPE	ACCRUED	USED	BALANCE	PROJECTED USE OR LOSE		
						ANN	160	54.00	141.00			240.00
						SICK	104	277.50	19.50			LEAVE CATEG
						COMP						6
REMARKS												
IF YOU RECEIVED A PAYMENT IN 2014 FOR RITA,MOVING EXPENSES &/OR TAXABLE EXTENDED TEMP DUTY(TDY),YOU SHOULD RECEIVE A SEPARATE W-2 STATEMENT POSTMARKED NO LATER THAN 1/31/15. IF YOU HAVE NOT RECEIVED YOUR W-2 BY 2/28/15, CONTACT YOUR AGENCY'S ACCTG OR BUSINESS OFFICE THAT PROCESSED YOUR PAYMENT.												

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01/22/2015

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